

www.mass.gov/abcc

LICENSE NUMBER: U	36800001		CITY OR I	OWN EASTON	
APPLICATION FOR R	RENEWAL:	Annual	I	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: F	PVT.GEORGE F.SCHI	NDLER PO.#2	2547 V.F.W.U.	S.INC	
DOING BUSINESS A					
ADDRESS ALLEN RD	& ROCKLAND				
CITY/TOWN: EAST(ON S	TATE: MA	ZIP COI	DE: 02334	
MANAGER: CAMA	RA, ERNESTTYPE OF	FLICENSE: V	eterans club	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMISES:				
1ST FLR; 4 ROOMS; FUSED FOR MISCELL					ID FLOOR
I hereby certify and swe	ear under penalties of pe	rjury that:			
1. the renewed	license will be of the sa	me type for th	e same premise	es now licensed;	
2. the licensee	has complied with all la	ws of the Con	nmonwealth rel	ating to taxes; and	l
3. the premises	are now open for busin	ess (If not exp	olain below)		
SIGNED BY	Individual, Partner or A	uthorized Cor	porate Officer		
DATE:	TELEPHONE NU	MBER:		PLOYER IDENTIFICA	
Acts of 2004, signed b	attest that we are in po by the building inspecto the certificate of liquo	or and the he	ad of the fire d	epartment for th	ie above
Please Check Below:			LOCAL L	ICENSING AUTI	HORITY
APPROVED:	1		By:		
DISAPPROVED:(If disapproved explain)				
(11 disappioved explain)				
DATE:					
	L MUST BE FILED BY LICENSE			EDED 41 G1 400 ft	164)



www.mass.gov/abcc

LICENSE NUMBER	: 036800002		CITY OR TOWN	EASTON	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	STONEHILL CO	LLEGE INC			
DOING BUSINESS A	A				
ADDRESS 320 WAS	SHINGTON STRE	ET			
CITY/TOWN: EAS	ΓON	STATE: MA	ZIP CODE:	02357	
	NING C.S.C., TY JOHN	PE OF LICENSE: Cl	ıb C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	LICENSED PREMI	ISES:			
TWO -STORY BUIL ROCHE DINING CO					HE
I hereby certify and sv	wear under penaltie	s of perjury that:			
1. the renewe	ed license will be of	f the same type for the	same premises now	licensed;	
2. the license	e has complied with	h all laws of the Com	nonwealth relating t	o taxes; and	
3. the premis	es are now open for	r business (If not expl	ain below)		
SIGNED BY					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:			ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	<u></u>				
(If disapproved explain	III <i>)</i>				
DATE:			-		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800006	C	TY OR TOWN	EASTON	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: THE COLUMBIAN COR	RPORATION OF	EASTON		
DOING BUSINESS A KNIGHTS OF COLUM	BUS BOX #238			
ADDRESS 375 FOUNDRY ST.				
CITY/TOWN: EASTON ST	CATE: MA	ZIP CODE:	02356	
MANAGER: HURLEY, JOSEPH TYPE OF	LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES: IN ACCORDANCE WITH APPROVED PLAN I hereby certify and swear under penalties of per 1. the renewed license will be of the sam 2. the licensee has complied with all law 3. the premises are now open for busine	IS ON FILE IN To ijury that: ne type for the sar ws of the Commor	HE SELECTMENT THE PROPERTY OF	licensed;	
SIGNED BY Individual, Partner or Aut	thorized Corporat	e Officer		
			IDENTIFICAT.	
Individual, Partner or Au	MBER: essession (1) the co r and the head of	EMPLOYER (Note: NOT Indertificate require	ividual Social S	er 304 of the above
DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor	MBER: ssession (1) the cor and the head of r liability insuran	EMPLOYER (Note: NOT Indertificate require	ividual Social S	er 304 of the above of the Acts



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	036800007		CHY	OK TOWN	EASTON	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	99 RESTAURA	NTS OF BOSTON,LI	.C			
DOING BUSINESS A	4 99 RESTAUR	ANT-PUB				
ADDRESS 99 BELM	ONT STREET					
CITY/TOWN: EAST	TON	STATE: MA	ZII	P CODE:	02375	
MANAGER: Fontne	eau, Mark J 7	YPE OF LICENSE: R	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDR	RESS		
DESCRIPTION OF L						
99 BELMONT STRE 240.	ET; 7,500 SQ. F	T. BLDGE. 4 MEANS	OF EGR	RESS, SEA	ΓING CAPA	CITY OF
I hereby certify and sv	vear under penal	ties of perjury that:				
		of the same type for th	•			
	•	vith all laws of the Con		·	to taxes; and	
3. the premise	es are now open	for business (If not exp	olain belov	w)		
CICNED DV						
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Off	ficer		
			ſ			
DATE:	TELEPH	ONE NUMBER:		EMPLOYE	R IDENTIFICA	ΓΙΟΝ NUMBER:
			(1	Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	by the building	are in possession (1) t inspector and the he of liquor liability ins	ad of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800008		CITY OR TOWN EASTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEA	AR
LICENSEE NAME: THE FRESH CAT	CH II, INC		
DOING BUSINESS A FRESH CATCH I	I,RESTAURANT &	SUSHI BAR	
ADDRESS 285 WASHINGTON ST			
CITY/TOWN: EASTON	STATE: MA	ZIP CODE: 02356	
MANAGER: SARRO, WILLIAM TYPER. F.	E OF LICENSE: Res	taurant CATEGORY: All	l Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
APPROX. 5200 SQ. FT. OF RESTAURA AND REAR EXITS.	NT SPACE LOCAT	ED ON THE FIRST FLOOR, FRON	ΙΤ
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	same premises now licensed;	
2. the licensee has complied with	all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now open for b	business (If not expla	in below)	
SIGNED BY		0.00	
Individual, Partner	or Authorized Corpo	rate Officer	
DATE.			
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social Securi	ty Number)
We the undersigned, attest that we are Acts of 2004, signed by the building insparmed license and (2) the certificate of of 2010.	pector and the head	of the fire department for the abo	ve
Please Check Below:		LOCAL LICENSING AUTHORIT	ГΥ
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaiii)			
DATE:			



www.mass.gov/abcc

LICENSE NUN	MBER: 036800010		CITY OR TOWN	EASTON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: JOLEIGH GR NESS A PINE OAKS			
ADDRESS 68	PROSPECT ST.			
CITY/TOWN:	EASTON	STATE: MA	ZIP CODE:	02375
MANAGER:	BADER, LEIGH	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
		OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
ONE FLOOR;	OMS, SUPPLY ROOM RO SHOP AND LOU	HEN; LOUNGE,HALL,RI M, REPAIR ROOM,KITC UNGE; NEW ADDITION;	HEN,BAR, PRO SH	HOP; ACCESS AND
I hereby certify	and swear under pena	alties of perjury that:		
		be of the same type for the	•	
	•	with all laws of the Comn	•	o taxes; and
3. the p	premises are now oper	n for business (If not expla	un below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, s	signed by the buildin	e are in possession (1) the ag inspector and the head te of liquor liability insu	l of the fire departr	nent for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	ING AUTHORITY
DATE.				
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 036800011		CITY OR TOWN EAS'	TON
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: EASTON CO DOING BUSINESS A ADDRESS 265 PURCHASE ST.	DUNTRY CLUB, LTD.		
CITY/TOWN: EASTON	STATE: MA	ZIP CODE: 023°	75
MANAGER: LOMBARDI, MARK	TYPE OF LICENSE: Res		ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
EXTEND SERVICE AND CONSULICENSED CLUBHOUSE AND EGOLF COURSE AS DEFINED BY THE MAINTENANCE FACILITY SERVICE TO THE GROUNDS OF	BANQUET ROOM ONTO ' ' ITS PROPERTY BOUNE ' AREA WILL BE EXCLU	THE PLAYING SURFAC DARIESALL PARKING	E OF THE LOTS AND
I hereby certify and swear under pe	nalties of perjury that:		
• •	be of the same type for the	same premises now license	ed;
2. the licensee has complie	d with all laws of the Comm	nonwealth relating to taxes	; and
3. the premises are now op	en for business (If not expla	nin below)	
SIGNED BY Individual, F	Partner or Authorized Corpo	rate Officer	
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENT (Note: NOT Individual)	TIFICATION NUMBER: Social Security Number)
We the undersigned, attest that v Acts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	l of the fire department f	or the above
Please Check Below:		LOCAL LICENSING A	UTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

LICENSE NUI	MBER: 036800014		CITY OR TOWN	EASTON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
	AME: GEORGIA PIZZA IN NESS A LINDO'S PIZZA	VC.			
CITY/TOWN:		STATE: MA	ZIP CODE:	02375	
	PANAGOPOULOS, TYPE DIMITRIS			ATEGORY: V	Wine and Malt Regular
EMAIL ADDR	RESS:				
ONE FLOOR; EXIT I hereby certify 1. the 2. the	PLEASE ALSO VISIT OUR WEBS N OF LICENSED PREMISE TWO ROOMS; ONE FOR F and swear under penalties of renewed license will be of the licensee has complied with al premises are now open for bu	S: KITCHEN;ENTRA f perjury that: e same type for the ll laws of the Com	ANCE FOR PUBLIC e same premises now monwealth relating to	licensed;	AND
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		IDENTIFICATIO	
Acts of 2004,	signed, attest that we are in signed by the building inspe and (2) the certificate of lie	ector and the hea	d of the fire departi	nent for the al	oove
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHOR	RITY
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY LICE	ENSEES DURING THE I	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)	



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 036800017		CITY OR TOWN	EASTON
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 2013
			ZIP CODE:	YEAR 02375
MANAGER: SA		YPE OF LICENSE: RO		CATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	MISES:		
PLANS ON FILE	IN SELECTMAN'S	OFFICE		
I hereby certify and	d swear under penalt	ies of perjury that:		
1. the rene	ewed license will be	of the same type for th	e same premises nov	v licensed;
2. the lice	nsee has complied w	ith all laws of the Com	monwealth relating	to taxes; and
3. the prer	nises are now open f	or business (If not exp	lain below)	
SIGNED BY	Individual, Partr	ner or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sign	ned by the building	inspector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:	_		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	nloin)			
(If disapproved exp	piaiii)			
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 036800019		CITY OR TOWN EA	STON
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: NORTH EA	ASTON UNION VILLA INC	2.	
DOING BUSIN	NESS A UNION V	YILLA		
ADDRESS 190	0 WASHINGTON	ST.		
CITY/TOWN:	EASTON	STATE: MA	ZIP CODE: 02	356
MANAGER:	RICHARD, MICHAEL	TYPE OF LICENSE: Res	staurant CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED I	PREMISES:		
		M W/BAR; CELLAR FOR S' R AREA. REST ROOM	FORAGE. NEW ADDIT	TON FOR
I hereby certify	and swear under p	enalties of perjury that:		
1. the	renewed license wi	ll be of the same type for the	same premises now licer	nsed;
2. the	licensee has compli	ied with all laws of the Comr	nonwealth relating to tax	es; and
3. the	premises are now o	pen for business (If not expla	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELI	EPHONE NUMBER:		NTIFICATION NUMBER:
			(Note: NOT Individua	al Social Security Number)
Acts of 2004,	signed by the buil	we are in possession (1) the ding inspector and the head icate of liquor liability insu	l of the fire department	for the above
Please Check Belo	OW:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disappressed				
(If disapproved	l explain)			
(If disapproved	i explain)			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 036800027		CITY	JK TOWN	EASTON	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 2	.013
		CLASS				YEAR
LICENSEE NAME	: T. DOYLE'S PUB I	INC				
DOING BUSINESS	S A TOMMY DOYLE	S'S PUB EASTON				
ADDRESS 956 WA	ASHINGTON ST.					
CITY/TOWN: EA	STON	STATE: MA	ZII	P CODE:	02375	
MANAGER: DO	YLE, THOMAS TYP	E OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	9:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDR	RESS		
	F LICENSED PREMIS					
ONE FLOOR; FIVE UP; REST ROOMS	E EXITS; BAR, DININ S	NG ROOM; KITCHI	EN; STO	ORAGE RO	OOM; PIZZA	PICK
I hereby certify and	swear under penalties	of perjury that:				
	wed license will be of t	• •	•			
	see has complied with			Ū	to taxes; and	
3. the pren	nises are now open for l	business (If not expla	ain belov	w)		
CICNED DV						
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Off	ficer		
			г			
DATE:	TELEPHONI	E NUMBER:		EMPLOYE	R IDENTIFICA	TION NUMBER:
			(N	Note: NOT In	dividual Social	Security Number)
Acts of 2004, sign	ed, attest that we are ed by the building ins I (2) the certificate of	pector and the head	of the	fire depart	ment for the	e above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	laın)					
			-			
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 036800034		CITY OR TOWN EASTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	AME: MATTHEW ANESS A SOUTH EA			
ADDRESS 447	7 TURNPIKE ST			
CITY/TOWN:	EASTON	STATE: MA	ZIP CODE: 02375	
MANAGER:	MIHN LE, CONG	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	CMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
SINGLE LEVE	EL BLDG APPROX	1500 SQ FT		
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	e same premises now licensed;	
2. the 1	licensee has complied	l with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now ope	n for business (If not exp	lain below)	
SIGNED BY				
SIGNED D I	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	THE ED	HOME MAN (DED	EMPLOYER IDENTIFICA	TION NI IMPED
DITTE.	TELEP	HONE NUMBER:	(Note: NOT Individual Social	
			(1990) <u>1790</u> Marviada Boeta	security (valider)
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		-	
DATE:			-	
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 036800035		Cl	TY OR TOWN	EASTON	
APPLICATION FO	OR RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME	: PEDELL INC					
DOING BUSINESS	S A HENNESSY	PACKAGE STOR	RE			
ADDRESS 589 WA	ASHINGTON ST					
CITY/TOWN: EA	STON	STATE:	MA	ZIP CODE:	02375	
MANAGER: PEI	DELL, BARRY	ΓΥΡΕ OF LICEN	SE:Packa	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF	FLICENSED PRE	MISES:				
ONE FLOOR AND CELLAR UNUSED		ROOM FOR SELI	JING ANI	D 4 ROOMS FO	R STORAGE	3;
I hereby certify and	swear under penal	ties of perjury tha	t:			
1. the renev	wed license will be	of the same type	for the sar	ne premises now	licensed;	
2. the licen	see has complied v	with all laws of the	e Commor	wealth relating to	taxes; and	
3. the prem	nises are now open	for business (If no	ot explain	below)		
SIGNED BY						
	Individual, Par	tner or Authorized	Corporat	e Officer		
DATE:	TELEPH	ONE NUMBER:				ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:]	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:]	By:		
DISAPPROVED:						
(If disapproved exp	lain)					
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036	800036	CITY OR TOWN EASTOR	N
APPLICATION FOR REI	NEWAL: Annua	LICENSED FOR	2013
	CLASS	3	YEAR
LICENSEE NAME: GE	NDRONS DREAM FORCE IN	IC.	
DOING BUSINESS A SI	HOVELSHOP SPIRITS		
ADDRESS 282 WASHIN	GTON ST		
CITY/TOWN: EASTON	STATE:	MA ZIP CODE: 02356	
MANAGER: GENDRO KATHER		E: Package Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASI	E ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICE			
- · · · · · · · · · · · · · · · · · · ·		00 SQ, FT. OF STORAGE. THERE NCE AND ONE REAR ENTRANC	
I hereby certify and swear	under penalties of perjury that:		
1. the renewed lic	ense will be of the same type for	or the same premises now licensed;	
2. the licensee has	s complied with all laws of the	Commonwealth relating to taxes; an	d
3. the premises ar	e now open for business (If not	explain below)	
SIGNED BY			
Ind	ividual, Partner or Authorized	Corporate Officer	
DATE:			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
		(1000) <u>1101</u> maryadan boch	ar Security Transcer)
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	36800037		CITY OR TO	WN EASTON	
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: P	APARO LIQUORS I	NC.			
DOING BUSINESS A	SCOTT'S FINE WIN	ES & SPIRITS	S		
ADDRESS 669 WASH	INGTON ST				
CITY/TOWN: EASTO	ON	STATE: MA	ZIP CODE	E: 02375	
MANAGER: PAPAR SCOTT		OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIC					
ONE FLOOR; NO CEL STORAGEWITH ENT					OOM FOR
I hereby certify and swe	ar under penalties of	perjury that:			
1. the renewed	license will be of the	same type for t	he same premises	now licensed;	
2. the licensee l	has complied with all	laws of the Co	mmonwealth relat	ing to taxes; and	
3. the premises	are now open for bus	siness (If not ex	plain below)		
SIGNED BY					
I	ndividual, Partner or	Authorized Co	porate Officer		
DATE					
DATE:	TELEPHONE N	IUMBER:		OYER IDENTIFICATION $f T$ Individual Social $f S$	
			(110te. <u>110</u>	I marviduai sociai i	Security Number)
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)	1				
(sisuppio rea emplatin)					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03680	0044	CITY OR TOWN EASTOR	N
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MAY	EAST, INC.		
DOING BUSINESS A MA	Y EAST RESTAURANT		
ADDRESS 594 WASHING	ΓON STREET		
CITY/TOWN: EASTON	STATE: MA	A ZIP CODE: 02375	
MANAGER: WONG, CRI	STO Y. TYPE OF LICENSE:	Restaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS			
DINING AREA, KITCHEN ROOMS, 1 EXIT AND 1 EN		RAGE AREA IN DINING AREA	A, REST
			_
I hereby certify and swear un		the same premises now licensed;	
	* *	mmonwealth relating to taxes; an	d
	now open for business (If not ex	<u>-</u>	
SIGNED BY			
Indivi	dual, Partner or Authorized Co	rporate Officer	
D. A. TELE			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
		(Note: NOT Individual Socia	ar Security Number)
_		the certificate required by Cha	_
		ead of the fire department for the Isurance required by Chapter 1	
of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 036800045		CITY OR TOWN	EASTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 503 FOU	JNDRY STREE	T		
CITY/TOWN: EAS	STON	STATE: MA	ZIP CODE:	02334
MANAGER: LEV	TNE, NEIL	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF FIRST FLOOR DIN consisting of five 2	ING AREA; KI	EMISES: TCHEN, LIQUOR STR	OAGE- 1913 SQ. FT	. Outside dining
2. the licens	ved license will beee has complied	be of the same type for the with all laws of the Connection for business (If not expected)	mmonwealth relating t	
SIGNED BY	Individual, Pa	rtner or Authorized Con	porate Officer	
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the buildin	g inspector and the ho	ead of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0368000	46	CITY OR TOWN	EASTON
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SHIV O	M CORPORATION		
DOING BUSINESS A INDEP	PENDENT LIQUORS		
ADDRESS 503 FOUNDRY ST	ΓREET		
CITY/TOWN: EASTON	STATE: M	A ZIP CODE:	02334
MANAGER: PATEL, KALP	ESH TYPE OF LICENSE:	Package Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
STORE SPACE OF 4976 SQ F LEADING TO PARKING AR PARKING AREA			
SIGNED BY	w open for business (If not example) al, Partner or Authorized Co		
marvidu	ar, r armer or radiiorized Co	iporate Officer	
DATE: TF	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below: APPROVED:			SING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
		-	
DATE:			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 036800052		CH	Y OR TOW	N EASIC	JIN
APPLICATION FOR	RENEWAL:	Annua	I	LIC	ENSED FOR	R 2013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A			INE			
ADDRESS 11 COLU	MBUS AVE					
CITY/TOWN: EAS	ΓΟΝ	STATE:	MA Z	ZIP CODE:	02356	
MANAGER: CONSELIZA	STANTINE, TYP ABETH BALL	E OF LICENS	E:Package	Store	CATEGOR	XY: Wine and Malt Regular
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER Y	OUR EMAIL AI	DDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:				
ONE STORY BUILD DOOR.BUILDING H) SQ.FT.
2. the license	ed license will be of the has complied with the es are now open for	all laws of the	Commonw	ealth relatin		
SIGNED BY	Individual, Partner	or Authorized	Corporate (Officer		
DATE:	TELEPHON	E NUMBER:				CATION NUMBER: cial Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LC By		NSING AU	THORITY
DATE:						



www.mass.gov/abcc

LICENSE NUMBE	R: 036800055		CITY	OR TOW	N EASTON	
APPLICATION FO	OR RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	: LUCKY GARE	DEN CORPORATION	1			
DOING BUSINESS	S A HO YON GA	RDEN RESTAURAN	ΙТ			
ADDRESS 620 WA	ASHINGTON ST					
CITY/TOWN: EA	STON	STATE: M	A ZI	P CODE:	02375	
MANAGER: VU	ONG, HUE	TYPE OF LICENSE:	Restaurant		CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
		JR WEBSITE AND ENTER YOU	R EMAIL ADDI	RESS		
DESCRIPTION OF						
REAR.	RANT APPROX. 2	2700 S/F W/ 2 MAIN	ENTRY A	ND 2 EM	ERGENCY E	XITS IN
I hereby certify and	swear under penal	lties of perjury that:				
1. the renev	wed license will be	e of the same type for	the same p	remises no	w licensed;	
	-	with all laws of the Co			g to taxes; and	
3. the prem	nises are now open	for business (If not ex	xplain belo	w)		
SIGNED BY	Individual, Par	tner or Authorized Co	rporate Of	ficer		
	,					
DATE:	TFI FPH	ONE NUMBER:		EMPLOY	ER IDENTIFICA	TION NUMBER:
	I EEE II	OIVE IVEIVIBEIX.	(1)	Note: NOT	Individual Social	Security Number)
We the undersign	ad attact that wa	are in possession (1)	the cortifi	iosto rogu	ired by Chan	tor 304 of the
		g inspector and the h				
named license and of 2010.	l (2) the certificate	e of liquor liability in	isurance r	equired b	y Chapter 11	6 of the Acts
Please Check Below:			LOC	AL LICE	NSING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	iain)					
DATE:						
APPLICATION FOR RENE	EWAL MUST BE FILED I	BY LICENSEES DURING TH	E MONTH OF	NOVEMBER	(M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 03680005/		CITY OR TOWN	(EASTON	
APPLICATIO:	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSII	AME: AJAY VARIE NESS A HIGHLAND HIGHLAND STREE	VARIETY			
CITY/TOWN:	EASTON	STATE: MA	ZIP CODE:	02375	
MANAGER:	PATEL, DASHRATHBHAI	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PRI	EMISES:			
2. the	licensee has complied premises are now open	with all laws of the Conn for business (If not expertment or Authorized Corp	nmonwealth relating		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 036800058		CITY OR TOWN	EASTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: MILAN A. C. C S A MARIO'S TRA				
ADDRESS 260 W.	ASHINGTON ST				
CITY/TOWN: EA	ASTON	STATE: MA	ZIP CODE:	02356	
	NFILIPPO, T ARIO	YPE OF LICENSE: Rest	caurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM	R WEBSITE AND ENTER YOUR EM MISES:	AIL ADDRESS		
2. the licer	nsee has complied w nises are now open f	of the same type for the sith all laws of the Common for business (If not explain the common for Authorized Corporate or Authorized Corporate for	onwealth relating to		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social So	
Acts of 2004, sign	ed by the building	are in possession (1) the inspector and the head of liquor liability insur	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	36800059		CI	TY OR TOWN	EASTON		
APPLICATION FOR RENEWAL:			Annual LICENSED FOR			₹ 2013	
		CLAS	SS			YEAR	
LICENSEE NAME: R	& A, INC						
DOING BUSINESS A	POPS						
ADDRESS 670 DEPOT	ST						
CITY/TOWN: EASTC	N	STATE:	MA	ZIP CODE:	02356		
MANAGER: HAMAI ROBER		OF LICEN	SE:Packag	ge Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS		-	
DESCRIPTION OF LIC	CENSED PREMISE	ES:					
3. the premises SIGNED BY	nas complied with a are now open for be	usiness (If no	ot explain l	pelow)	o taxes, and		
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICENS By:	SING AUTHO	ORITY	
DATE:			-				

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 036800061		CITY OR TOWN	EASTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		YI	EAR
LICENSEE NAME:	EASTON BEVE	ERAGES, INC			
DOING BUSINESS	A THE WINE G	UYS			
ADDRESS 20 ROC	HE BROTHERS V	WAY			
CITY/TOWN: EAS	STON	STATE: MA	ZIP CODE:	02356	
MANAGER: BUN	MPUS, KEITH T	YPE OF LICENSE:P	ackage Store C.		Vine and Malt Regular
EMAIL ADDRESS:					
		R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
,COOLER, STORAG	GE RESTROOM A	PLAZA CONSISTIN AND OFFICE SPACE R DELIVERY/ EMEI	SERVICED BY ON		
I hereby certify and s					
	_	of the same type for the	ne same premises now	licensed;	
2. the licens	ee has complied w	rith all laws of the Con	nmonwealth relating t	o taxes; and	
3. the premi	ses are now open f	for business (If not exp	plain below)		
SIGNED BY	L. 1'. '.1 .1 D		020		
	individual, Parti	ner or Authorized Cor	porate Officer		
DATE:			EMPLOYEI		N NI IMDED.
DATE.	TELEPHO	ONE NUMBER:		IDENTIFICATION Ividual Social Secu	
Please Check Below:			LOCAL LICENS	ING AUTHOR	ITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	ain)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 03	00800003		CITY OR TOV	VN EASTON	
APPLICATION FOR RI	ENEWAL:	Annual	LIC	CENSED FOR 2013	
		CLASS		YEAR	₹
LICENSEE NAME: ST	ΓONEFORGE GR	ILL-EASTON, INC	2.		
DOING BUSINESS A	STONEFORGE G	RILL			
ADDRESS 10 ROOSEV	ELT CIRCLE				
CITY/TOWN: EASTO	N	STATE: MA	ZIP CODE	: 02375	
MANAGER: ROLAN WILLIA		E OF LICENSE:Re	staurant	CATEGORY: All A	Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC					
ONE STORY 7100 S/F			BASEMENT W	/ SERVICE ELEVATO	OR.
	icense will be of the	he same type for the	•		
	-	all laws of the Compusiness (If not expl		ng to taxes; and	
SIGNED BY	ndividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLO	YER IDENTIFICATION NU	JMBER:
		(Note: <u>NOT</u> Individual Social Security Number)			
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building insp	pector and the hea	d of the fire dep	artment for the above	•
Please Check Below:			LOCAL LIC	ENSING AUTHORITY	ľ
APPROVED:			By:		
DISAPPROVED: [If disapproved explain]					
(
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0368000	064	CITY OR TOWN	EASTON
APPLICATION FOR RENEW	Annual Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JAMES DOING BUSINESS A LOCO			
ADDRESS 520 FOUNDRY S	TREET		
CITY/TOWN: EASTON	STATE: MA	ZIP CODE:	02375
MANAGER: MESSINGER, JAMES, L.	TYPE OF LICENSE: Ro	estaurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
facility is a 5,500 sq.ft.building			
I hereby certify and swear under	1 0 0	. ,	
	will be of the same type for th	*	
	nplied with all laws of the Corr w open for business (If not exp	_	taxes; and
3. the premises are no	w open for business (if not exp	iam ociow)	
SIGNED BY Individu	ual, Partner or Authorized Corp	oorate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, signed by the b	hat we are in possession (1) the cuilding inspector and the hear tificate of liquor liability ins	nd of the fire departm	ent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY



www.mass.gov/abcc

LICENSE NU	MBER: 036800065		CITY OR TOWN	EASTON		
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13	
		CLASS			YEAR	
LICENSEE N.	AME: Café Hayashi,	Inc				
DOING BUSI	NESS A					
ADDRESS 44	7 Turnpike st					
CITY/TOWN:	EASTON	STATE: MA	ZIP CODE:	02375		
MANAGER:	CHAN, CHIU CHAN	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	Wine and Malt Regular	
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
	N OF LICENSED PRE					
_	staurant with one entrar Il bathroom and kitchen	nce door in front, one doon	or exiting in rear. Spa	ace contains a	approx	
I hereby certify	y and swear under pena	lties of perjury that:				
1. the	renewed license will be	e of the same type for the	e same premises now	licensed;		
2. the	licensee has complied	with all laws of the Com	monwealth relating to	o taxes; and		
3. the	premises are now open	n for business (If not expl	lain below)			
SIGNED BY						
	Individual, Par	rtner or Authorized Corp	orate Officer			
DATE: TELEPHONE NUMBER:		HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social Security Number)				
Acts of 2004,	signed by the building	e are in possession (1) the g inspector and the hea te of liquor liability insu	d of the fire depart	ment for the	above	
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVI						
(If disapproved	u expiain)					
DATE:						



www.mass.gov/abcc

LICENSE NUMBER:	: 036800066		CITY O	R TOWN	EASTON	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	2013
		CLASS				YEAR
LICENSEE NAME:	ARTURO LOPEZ-	-MICHEL				
DOING BUSINESS A	A EL MARIACHI N	MEXICAN RESTAU	RANT			
ADDRESS 620 WAS	HINGTON STREE	T				
CITY/TOWN: EAST	ΓΟΝ	STATE: MA	ZIP	CODE:	02375	
MANAGER: MICH LOPE		PE OF LICENSE: Res	staurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
		EBSITE AND ENTER YOUR EN	MAIL ADDRES	SS		
DESCRIPTION OF L						
A BUILDING DIVID KITCHEN (989.15 SO THREE EXIT DOOR BUILDING	Q FT)TOTAL SQ	FT, 1612.45THERE	E IS ONE	FRONT 1	ENTRANCE	
I hereby certify and sv	wear under penalties	of perjury that:				
1. the renewe	d license will be of	the same type for the	same prei	mises nov	v licensed;	
	-	all laws of the Comm		_	to taxes; and	
3. the premise	es are now open for	business (If not expla	ain below))		
CICNED DV						
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Offic	er		
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
			(No	te: <u>NOT</u> In	dividual Social	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	spector and the head	l of the fi	re depart	tment for the	e above
Please Check Below:			LOCA	L LICEN	SING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	111)					
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 036800067		CITY OR TOWN	EASTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MARAWI INC.				
DOING BUSINESS	A WHITE ROSE PA	NTRY			
ADDRESS 277 TUI	RNPIKE STREET				
CITY/TOWN: EAS	STON	STATE: MA	ZIP CODE:	02356	
MANAGER: MAI	RAWI, JOSEPH TYPI	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
	L SPACE LOCATED ONT DOORREAR			TED IN SHO	OPPING
	see has complied with a sees are now open for b	ousiness (If not expla	in below)	, taxes, and	
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					
DAIE.					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036800068	C	ITY OR TOWN EASTON		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13	
	CLASS	<u> </u>	YEAR	
LICENSEE NAME: CORCAIGH INC.				
DOING BUSINESS A HIBERNIA BAR &	GRILLE			
ADDRESS 402 TURNPIKE STREET				
CITY/TOWN: EASTON	STATE: MA	ZIP CODE: 02356		
MANAGER: FLYNN, TYPE BARTHOLOMEW	OF LICENSE: Restau	category:	All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TTE AND ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES				
ONE STORY BUILDING, FRONT ENTRA AREAKITCHENRESTROOMSBASEM SIDE;OFFICE WALK IN COOLER			VEST	
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the same	me premises now licensed;		
2. the licensee has complied with all	l laws of the Common	nwealth relating to taxes; and		
3. the premises are now open for bus	siness (If not explain	below)		
SIGNED BY Individual, Partner or	Authorized Corporat	te Officer		
DATE: TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION	ON NUMBER:	
		(Note: <u>NOT</u> Individual Social Security Number)		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	ctor and the head of	f the fire department for the a	ibove	
Please Check Below:		LOCAL LICENSING AUTHO	RITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				